

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28394

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 54		Registrar's No. 1984	
1. PLACE OF DEATH a. COUNTY ST LOUIS COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY ST LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON MO		c. LENGTH OF STAY (in this place) D.O.A.		c. CITY OR TOWN WEBSTER GROVES		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LOUIS COUNTY				e. STREET ADDRESS (If rural, give location) 115 WILLIS (EAST)			
3. NAME OF DECEASED (Type or Print) a. (First) SAVANAH b. (Middle) c. (Last) WALLS				4. DATE OF DEATH Month (Day) (Year) AUG 24 1955			
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH MARCH 24 1903	
9. AGE (In years last birthday) 52		10. MONTHS 0		11. BIRTHPLACE (City and State or Foreign Country) MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (If deceased was doing business or profession, specify) DOMESTIC		10b. KIND OF BUSINESS (If deceased was doing business or profession, specify) DOMESTIC		13a. FATHER'S NAME Unknown		13b. MOTHER'S M maiden name Unknown	
13c. NAME OF HUSBAND OR WIFE NONE		14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 498-34-6412	
17. INFORMANT'S SIGNATURE OR NAME Allan Bradford		18. ADDRESS		19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown natural causes ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7955	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Herbert R. Donke (Degree or title) Local Registrar				23b. ADDRESS 651 S. Brentwood Blvd.		23c. DATE SIGNED 8-27-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/27/55		24c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON		24d. LOCATION (City, town, or county) Sappington MO	
DATE REC'D BY LOCAL REG. 8/25/55		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Theodore J. Gendell		ADDRESS 1306 Eldridge	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 434

P. O. Address 130 Eldon Webster Street

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.